

Child's Name:

Date:

Completed by: \_\_\_\_\_

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1. Do any of your child's family members have a learning disorder?  
If so, who (e.g. Maternal grandparent, uncle, sister), and type of learning disorder (eg. reading, math).
2. Has your child experienced delayed speech, delayed language, delayed motor (walking, talking, riding bike, catching ball), or delayed social skills?  
If so, explain what happened and the age of your child.
3. Was your child's **birth** unusual in any way (e.g. premature, lack of oxygen, birth trauma)?  
YES NO If so in what way?
4. What was your child's **weight at birth**? \_\_\_\_\_
5. Is there anything unusual (beyond the normal childhood illnesses) in your child's **medical history** (such as high fevers, concussions, seizures, unconsciousness)  
YES NO If so, in what way?
6. Has your child suffered any long **absences from school** - longer than two weeks?  
YES NO If so, what was the reason?
7. Has your child suffered from physical abuse or sexual molestation?  
If so, briefly explain what happened and the age of your child.
8. Has your child had a recent **eyesight test** - say, in the last year or so?  
YES NO
9. Are there any **eyesight problems**?  
YES NO  
  
If so, please describe, and say if your child has to wear glasses, and whether this is working out satisfactorily. (E.g. Is your child actually wearing them in school, or avoiding wearing them because of embarrassment or being called names because of having to wear them?)
10. Ask your child if he or she has ever had any difficulty copying what the teacher has **written on the board** at school.  
YES NO
11. Have you ever noticed that your child does not **hear** what is said to them - beyond the usual absorption in their play?  
YES NO
12. Has your child suffered from **repeated ear infections**, or had been to hospital to have tubes (grommets) inserted in the ear at any time?  
YES NO If so, please give details (and at what age).
13. Has your child been prescribed medication for disruptive behaviors, such as hyperactivity?  
YES NO If so, please explain type of medication, dosage, how long child took medication, is child still taking medication.
14. Is your child experiencing **low self-esteem about school work**?  
YES NO

15. Has your child ever been reluctant or **unwilling to go to school**, or experienced a nervous stomach ache on a school day?  
 YES NO If so, please say when, and the reason if you found it out (Friday - there was a test)
16. Does your child have difficulty **reading aloud**?  
 YES NO
17. Does your child have difficulties **with spelling**?  
 YES NO
18. Does your child have difficulty **working with numbers**?  
 YES NO
19. Does your child get confused about **following two-step instructions**? (e.g. Go to my bedroom and bring me the bag that's on the floor by the window.)  
 YES NO
20. Are there any **concerns** which have been expressed by a teacher about your child's learning, either in school reports or on parents' evenings?  
 YES NO If so, what were they?
21. Has your child ever said that he or she finds any part of **school work hard**?  
 YES NO If so, please describe (e.g. doesn't like spelling tests).
22. Is your child **slow to finish his/her work** in school?  
 YES NO
23. Have there been any **changes of school** beyond the normal (e.g. if you moved house)?  
 YES NO If so, at what ages, and how many moves?
24. Has your child ever been referred to a **counselor/therapist** or social service agency?  
 YES NO If so, please give details:
25. What is your child's attitude toward **reading**? DISLIKES NORMAL ENJOYS
26. What is your child's attitude toward **writing**? DISLIKES NORMAL ENJOYS
27. What is your child's attitude toward **spelling**? DISLIKES NORMAL ENJOYS
28. What is your child's attitude toward **math**? DISLIKES NORMAL ENJOYS
29. What is your child's attitude toward **physical education**? ENJOYS NORMAL DISLIKES
30. What is your child's attitude toward **art/drawing**? ENJOYS NORMAL DISLIKES
31. Have you noticed that your child sometimes **misses out words** when reading?  
 YES OFTEN YES OCCASIONALLY NO

Use this area for additional explanations from questions listed above. Please identify the question you are answering: